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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/027,113 12/20/2001 PAT 6,660,249 ✓ *gHaa*  
which claims benefit of 60/258,423 12/27/2000 ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>for the above</i> Examiner's Signature <i>gHaa</i> Initials			

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TITLE

Inhalable aztreonam lysinate formulation for treatment and prevention of pulmonary bacterial infections

FILING FEE  RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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